

STATE OF MINNESOTA

IN SUPREME COURT

C4-80-51095

Modification of Form and  
Contents of Sentencing  
Worksheets

**ORDER**

WHEREAS Minn. Stat. § 609.115, subd. 1(a) requires that this Court "promulgate rules uniformly applicable to all district courts for the form and contents of sentencing worksheets," and

WHEREAS the Minnesota Sentencing Guideline Commission has redrafted and revised prior sentencing worksheet forms and has recommended to this Court that Sentencing Worksheet Form No. SG-0001-04 and Supplement to Sentencing Worksheet Form No. SG-0002-04 be adopted as uniformly applicable to all district courts, replacing prior Sentencing Worksheet and Supplement to Sentencing Worksheet forms,

IT IS ORDERED that effective December 1, 1989, Sentencing Worksheet Form No. SG-0001-04 and Supplement to Sentencing Worksheet Form No. SG-0002-04 in the forms attached hereto be used by all Minnesota District Courts as proper forms for sentencing worksheet purposes under Minnesota Sentencing Guidelines requirements.

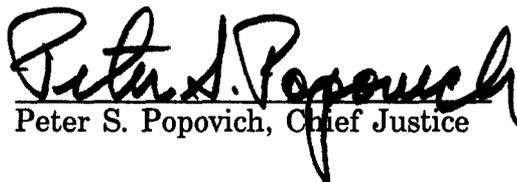
DATED: November 15, 1989

BY THE COURT

**OFFICE OF  
APPELLATE COURTS**

NOV 15 1989

**FILED**

  
Peter S. Popovich, Chief Justice



# SENTENCING WORKSHEET

 Modified Worksheet

SJIS COMPLAINT #	
Dist. Ct. Case #	County Name
PSI Investigator (Last, First, Middle)	
Date of Worksheet	Date of Conv./Plea

Offender Name (Last, First, Middle)	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian 4 <input type="checkbox"/> Hispanic 5 <input type="checkbox"/> Asian 6 <input type="checkbox"/> Other		

OFFENSE	This offense to be sentenced: 1 <input type="checkbox"/> Alone 2 <input type="checkbox"/> with other felony offenses, same SJIS # 3 <input type="checkbox"/> with other felony offenses, different SJIS #	Sentencing Order Number <input type="checkbox"/>		
	Offense Title (property value/drug type/drug amount)	Minnesota Statute	Date of Offense / /	SEVERITY LEVEL
	Conviction Offense Modifiers 1 <input type="checkbox"/> Attempt 609.17 cited 2 <input type="checkbox"/> Conspiracy 609.175 cited	1 <input type="checkbox"/> Determined that firearm used 2 <input type="checkbox"/> Firearm possessed 3 <input type="checkbox"/> Other dangerous weapon used	1 <input type="checkbox"/> Second or Subsequent Weapon Offense	

 Criminal history supplement attached to report additional prior offenses.

CRIMINAL HISTORY	Was offender under custody supervision at time of current offense? 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	If yes, type of supervision. 1 <input type="checkbox"/> Probation 2 <input type="checkbox"/> Parole or Supervised Release	3 <input type="checkbox"/> Confined 4 <input type="checkbox"/> Released 5 <input type="checkbox"/> Escape 6 <input type="checkbox"/> Other	Cust. Stat. Point <input type="checkbox"/>	
	OFFENSE TITLE		Disp. Date		
	Juvenile Offenses	01	/		
	<input type="checkbox"/> Offender 21 or older when current offense committed	02	/	Juv. Point <input type="checkbox"/>	
		03	/		
		04	/		
	Prior Misdemeanor and Gross Misdemeanor Sentences		UNITS	/	Misd./G.M. Point <input type="checkbox"/>
				/	
				/	
				/	
Where there are multiple current convictions, only list offenses not previously reported for this set of convictions		WEIGHT	/	Felony Points <input type="checkbox"/>	
		.	/		
		.	/		
		.	/		
		.	/		
		.	/		
		.	/		
		.	/		
When there are multiple current convictions, only list offenses not previously reported for this set of convictions		.	/	Total Criminal History Points <input type="checkbox"/>	
		.	/		

Minnesota Sentencing Guidelines Commission  
 51 State Office Building  
 St. Paul, Minnesota 55155  
 (612) 296-0144

Sum of weights from previous worksheets:  
 ("0" if first/only worksheet) \_\_\_\_\_

Total Sum of Felony Weights (including supplements)

Presumptive Guidelines Sentence  
 1  Stay 2  Commit to Commissioner

Length of Presumptive Sentence  Months



# SENTENCING WORKSHEET CRIMINAL HISTORY SUPPLEMENT

Modified Supplement

Offender Name (Last, First, Middle)

Sentencing Order  
Number

SJIS COMPLAINT #

Additional Supplement attached to report additional prior offenses.

		OFFENSE TITLE	Disp. Date
<b>Juvenile Offenses</b>	01		/
	02		/
	03		/
	04		/
<b>Prior Misdemeanor and Gross Misdemeanor Sentences</b>		UNITS	/
			/
			/
			/
			/
			/
			/
			/
			/
			/
<b>Prior Felony Sentences and Stays</b>		WEIGHT	/
		•	/
		•	/
		•	/
		•	/
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Where there are multiple current convictions, only list offenses not previously reported for this set of convictions

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